The general practitioner, the drug misuser, and the alcohol misuser: major differences in general practitioner activity, therapeutic commitment, and 'shared care' proposals

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SUMMARY

Background. *The primary care setting has been regarded in government policy and the scientific literature as an ideal setting for the work needed to meet the* Health of the Nation *drug and alcohol targets. Although studies have pointed to the negative attitudes held by general practitioners (GPs) towards alcohol- and drug-misusing patients, there has been no direct comparison of the work and attitudes of the GP towards these patients.*

Aim. *To compare the work and attitudes of GPs towards alcohol- and drug-misusing patients.*

Method. *All GPs in an outer London area (157 doctors) were surveyed, using an eight-page postal questionnaire, collecting clinical and attitudinal data alongside demographics and practice information. A response rate of 52% was achieved.*

Results. *General practitioners reported working with only 3.5 patients drinking above recommended guidelines in the previous four working weeks, and even fewer drug-using patients (0.75). While they viewed the alcohol-misusing patients negatively, the drug misuser elicited substantially more negative attitudes. The primary care setting was seen as appropriate to work with the alcohol-misusing patient but not with drug users. Training and support from local services would encourage substantially more GPs to work with alcohol misusers but not with drug misusers.*

Conclusions. *Our findings indicate that there are some cautious grounds for optimism that GPs are willing to work with alcohol misusers; however, with regard to drug misusers, we find a GP workforce that is only minimally involved with this group and would not be greatly encouraged by the provision of additional training, support, or incentives. The* Health of the Nation *targets are not being met, and GPs are not detecting adequate numbers of the patients at whom these targets are aimed. Emphasis has been placed on the role of primary care, but the real achievements that can be made require detection of the less severe drinkers and injecting drug misusers.*

Keywords: general practitioner; alcoholism; drug abuse; Health of the Nation; *targets.*

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Introduction

THE importance of GPs in the detection and care of alcohol-[1-3] and drug-misusing patients[4-6] has been emphasized repeatedly. The primary care setting is particularly suitable for this work because of its access to the general population, and the educational opportunities offered by contact with a GP. In addition, the patient will often have initiated the approach to the doctor, implying an awareness of their problem and a receptiveness to behavioural change.[7] Both the problem drinker[8,9,10] and the problem drug user[11,12] are known to have a higher frequency of attendance at their GP than other patients.

Studies have pointed towards the negative attitudes held by many GPs towards these patients. In the late 1980s, two separate studies[12,13] found GPs unsure and unwilling to provide care to the drug-using patient, believing that as doctors they were not able to offer help. Negative views were also held towards alcohol-misusing patients in a more recent national alcohol study,[14] with GPs perceiving the alcohol-misusing patients to be time-consuming and unrewarding to treat, and as presenting major management problems. Thus, it would appear that the attitudes held by GPs about alcohol- and drug-misusing patients are similar. However, there has been no previous direct comparison of the work of the GP with drug and alcohol patients or the attitudes GPs hold about these patients. We present such a comparison from a local study in south London.

Method

Study population

The study population was the 157 GPs in 64 practices in an outer London area. The area has a population of 313 510 people; 82% of white, 8% of black, 7% of Asian, and 3% of Chinese origin,[15] covering wards of both relative affluence and deprivation. All GPs were surveyed, using an eight-page postal questionnaire.

Postal questionnaire

The data collection instrument collected clinical and attitudinal data alongside demographics and practice information. The attitudinal data, consisting of 24 statements, were collected using a five-point Likert scale of agreement to disagreement.

Alcohol and drug status definitions

To distinguish between different levels of drug and alcohol problems, responders were asked to categorize the drug and alcohol patients they had seen in the last four working weeks into one of three categories of drug or alcohol misuse that appeared on the questionnaire. The starting point for the alcohol definitions was that the patient was regularly drinking above the recommended 'sensible' guidelines. The following current drinking status definitions were provided:

- Potential alcohol misuser: a person who does not suffer any physical, social, or psychological adverse effects from

drinking and is not as yet dependent on alcohol but is consuming above the recommended guidelines.
- Actual alcohol misuser: a person who is showing signs of physical, social, or psychological adverse effects from drinking but is not as yet dependent on alcohol.
- Dependent drinker: a person who is showing signs of physical, social, or psychological adverse effects from drinking and is dependent on alcohol (i.e. is suffering alcohol withdrawal symptoms and engaging in morning relief drinking).

Similarly, for patients seen in the last four working weeks who were currently using injectable illicit drugs, the following current drug use status definitions were provided:

- Potential problem drug misuser: a user of injectable illicit drugs (e.g. heroin or other opiates, cocaine or amphetamines) who is not currently suffering any physical, social, or psychological adverse effects from their drug use.
- Problem drug misuser: a user of injectable illicit drugs (e.g. heroin or other opiates, cocaine or amphetamines) who is suffering adverse physical, social, or psychological effects from their drug use but is not as yet dependent on the drug.
- Dependent drug misuser: a user of injectable illicit drugs (e.g. heroin or other opiates, cocaine or amphetamines) who is dependent on the drug (i.e. is suffering withdrawal symptoms and seeking the drug to relieve these symptoms).

Results

Overall survey response rate and profile of the responders

Over half (52%, 81) of the GPs responded, covering more than two thirds of the practices (70%, 45 of the 64 practices). Low response rates can introduce bias into surveys, and primary care research has long been concerned with the problem in GP surveys[16-18]. Recently, Baker[19] has suggested that this trend is continuing, noting that there

> ...is a depressing reduction in the proportion of general practices willing to take part in research.

An examination of the responders and non-responders to this study indicated that, although there were no gender differences between the two groups, the non-responding GPs were significantly older (mean age = 49.6 years) than the responding GPs (mean age = 45.8 years; $t = 2.372$, $P < 0.05$). However, this is a common concern of recent GP surveys.[20,21]

Responding GPs were mainly men (58%) with a mean age of 45.8 years. Similar proportions had received training since qualification as a doctor in both alcohol and drug misuse (47% and 49% respectively). Training in either alcohol or drug misuse was recent, with high proportions of GPs having received their training since the introduction of the 1990 GP contract (75% and 90% respectively). Doctors worked in practices with an average of 3.7 partners. Virtually all doctors reported that their practice employed a practice nurse, averaging 2.3 nurses per practice. Mean practice list size was 6800 patients, with responders seeing a mean of 450 patients per month per doctor. Over a fifth (26%) of the practices in the sample were fundholding, and most (92%) were banded for health promotion. Of the banded practices, the vast majority (92%) were banded at the highest level (level 3).

Current clinical work with alcohol- and drug-misusing patients

Responding GPs had undertaken more work with alcohol-misusing patients in the previous four working weeks than with drug-misusing patients: 3.5 contacts per GP with alcohol-misusing patients and 0.75 contacts per GP with drug-misusing patients ($t = 10.3$, $P < 0.0001$; Table 1).

Although only 20% of the GPs reported seeing no alcohol-misusing patients, three times as many (62%) reported seeing no drug-misusing patients (Table 2). In addition, 46% of the GPs reported seeing alcohol but not drug misusers, whereas only 4% reported seeing drug misusers only. Only 14 (18%) of the GPs reported seeing more than one alcohol-misusing and more than one drug-misusing patient. These doctors were particularly active, seeing on average 7.1 alcohol-misusing patients in the last four working weeks and 2.6 drug-misusing patients — much higher than the overall means (3.75 and 0.75 respectively).

Alcohol-misusing patients were mainly men (73%), with a high proportion over 40 years (40%). Whereas a third (34%) were classified as dependent, most were classified as actual alcohol misusers (42%). A fifth (20%) were in contact for the first time about their drinking problem, and an eighth (12%) were referred out of the practice by the responder.

The profile of drug misusers was very different — mainly male (70%) and younger, with most (93%) under 40 years of age and more than half (55%) under 25 years. Drug misusers were more likely than the alcohol misusers to be classified as dependent (63%) (Table 3), to be a first-time contact (29%), and to be referred out of the practice to a specialist service (22%).

Table 1. Profile of drug and alcohol patients seen by responding GPs in the last four working weeks.

	Alcohol misuser ($n = 270$)	Drug misuser ($n = 59$)
Mean number of patients per GP (SD)	3.5 (3.59)	0.75 (1.17)
Gender of patient		
Male	73% (198)	70% (41)
Female	27% (72)	30% (18)
Age of patient (years)		
<16	0.2% (1)	2% (1)
16–24	13% (34)	53% (31)
25–40	47% (127)	39% (23)
41–60	34% (91)	6% (4)
60+	6% (17)	0% (0)
Percentage first contact	20% (55)	29% (17)
Percentage referred out of practice	12% (33)	22% (13)

Table 2. Numbers of drug and alcohol patients seen by GPs (%) in the last four weeks.

	Drug misusers	Alcohol misusers
0	49	16
1	13	15
2–5	17	29
6–10	0	15
> 10	0	3

Attitudes towards alcohol and drug patients

Responders viewed both the alcohol- and drug-misusing patients as difficult to work with (Table 4). GPs perceived drug-misusing patients as taking up more surgery time than alcohol patients (92% and 70% respectively; $t = 5.5$, df = 78, $P < 0.0001$), being less likely to be rewarding to treat (15% and 11% respectively; $t = -1.81$, df = 78, $P < 0.10$, not significant) and more likely to present major management problems (63% and 96% respectively; $t = 5.7$, df = 77, $P < 0.0001$). It is also worth noting that a higher proportion of doctors were generally more uncertain about their opinions towards alcohol misusers than towards drug misusers.

Attitudes towards the primary care setting to do this work

The majority (61%) of the responders considered general practice to be an appropriate setting for the detection of alcohol misuse, but very few (6%) viewed primary care as an appropriate setting for working with drug misusers ($t = -12.9$, df = 78, $P < 0.0001$). Almost a third (31%) agreed that GP advice is an effective method of reducing the general population's alcohol consumption to safe levels. However, only 4% believed that GP advice could reduce the proportion of drug users injecting ($t = -6.68$, df = 78, $P < 0.0001$).

Attitudes towards their own training and support

Substantially more doctors reported feeling confident to work with alcohol misusers (40%) than with drug misusers (13%) ($t = -8.4$, df = 77, $P < 0.0001$; Table 5). More doctors reported feeling adequately trained in the detection (43%) and management (30%) of alcohol misuse than the detection (18%; $t = -6.38$, df = 77, $P < 0.0001$) and management (14%; $t = -6.61$, df = 78, $P < 0.0001$) of drug misuse. Doctors were more likely to feel encouraged to work with alcohol misuse rather than drug misuse as a result of training (45% and 30% respectively; $t = -4.35$, df = 78, $P < 0.0001$). It is worth noting that, of those GPs who reported that training would encourage them to work with drug users, all reported that training would encourage them to work with alcohol misusers (25 GPs, 31%).

Attitudes towards support from local services

GPs would be more willing to work with both alcohol misusers and drug misusers if support was provided by local services, but the size of this effect was twice as great for alcohol as for drugs. Access to a community drug team would encourage a third of doctors (30%) to work with drug misusers, whereas access to a community alcohol team would encourage almost 60% of doctors to work with alcohol misusers ($t = -6.1$, df = 78, $P < 0.0001$). More support from local alcohol services would encourage over half (57%) of doctors to work with alcohol misusers, whereas only a third (32%) would be more willing to work with drug misusers if they had more support from the local drug services ($t = -6.26$, df = 78, $P < 0.0001$). GPs who reported that support from local drug services would encourage them to work with drug users all reported that access to local alcohol services would encourage them to work with alcohol misusers (24 GPs, 30%).

Attitudes to additional payments

The offer of a capitation fee to work with alcohol and drug misusers would not encourage large proportions of GPs to undertake this work, particularly with drug users. Less than a quarter (23%) agreed that a capitation fee would make them more willing to do this work with drug users, whereas a third (33%) agreed that it would make them more willing to work with alcohol-misusing patients ($t = -4.6$, df = 77, $P < 0.0001$). Furthermore, the provision of a capitation fee would not encourage the involvement with drug and alcohol misusers of those GPs who currently viewed the primary care setting as inappropriate for this work (10 GPs for alcohol, 63 for drugs). Among these GPs, only 10% were of the view that a capitation fee would make them more willing to work with alcohol misusers, although nearly twice the proportion (18%) would be more willing to work with drug misusers.

Table 3. Alcohol and drug status of patients seen for drug or alcohol problems in last four weeks (%).

	Alcohol-misusing patients	Drug-misusing patients
Potential	24	12
Actual	42	25
Dependent	34	63

Discussion

Primary care would appear to be an ideal location in which to work on the health promotion needed to meet *Health of the Nation* drug and alcohol targets because of the unique access it has to the general population. This study finds GPs to be a profession not unwilling, but untrained and lacking support to work with alcohol patients. In contrast, the data point to a very unwilling group who, even with training and support, would not be encouraged to work with drug misusers.

It would appear that these GPs are identifying few alcohol-misusing patients and even fewer drug-misusing patients. The low rate of alcohol misuse identification is extremely important because the numbers of men drinking above recommended sensible guidelines has fallen only 1% to 27%, while the proportion of women drinking above recommended sensible guidelines has increased from 11% to 13%[22] during the lifetime of the *Health of the Nation*. The detection rate for drug misusers is particularly

Table 4. Attitudes towards alcohol- and drug-misusing patients, % (*n*).

	Alcohol misuser			Drug misuser		
	Agree	Uncertain	Disagree	Agree	Uncertain	Disagree
... takes up more surgery time than other patients	70 (57)	11 (9)	19 (15)	92 (73)	3 (2)	5 (4)
... are rewarding to treat	15 (12)	27 (22)	58 (47)	11 (9)	23 (18)	66 (52)
... present major management problems for me to treat	62 (50)	19 (15)	19 (15)	96 (76)	3 (2)	1 (1)

Table 5. Attitudes towards training and support to work with alcohol- and drug-misusing patients (%).

	Alcohol misuser			Drug misuser		
	Agree	Uncertain	Disagree	Agree	Uncertain	Disagree
I feel confident in my ability to treat...	40 (32)	30 (24)	30 (24)	13 (10)	21 (17)	66 (52)
I feel adequately trained in detection...	43 (31)	30 (24)	27 (22)	18 (14)	15 (12)	67 (53)
I feel adequately trained in management...	30 (24)	33 (27)	37 (30)	14 (11)	11 (9)	75 (59)
More training would encourage me to work with...	45 (36)	28 (23)	27 (22)	30 (24)	24 (19)	46 (36)
Access to CAT/CDT[a] would make me more willing to manage...	59 (48)	22 (18)	19 (15)	30 (24)	29 (23)	41 (32)
Support from local services would make me more willing to...	57 (46)	26 (21)	17 (14)	32 (25)	28 (22)	40 (32)
An enhanced capitation fee would make me more willing to work with...	33 (26)	31 (25)	36 (29)	23 (18)	22 (17)	55 (43)

[a]CAT = Community Alcohol Team; CDT = Community Drug Team.

low in that the prevalence in Greater London is more than three times that for the country as a whole, with 38% of all addicts notified to the Addicts Index[23] coming from Greater London (which has only 12% of the total population). There are no adequate current national data available on the proportion of drug misusers sharing injecting equipment.

While many GPs viewed the alcohol misuser as difficult to work with, time-consuming, unrewarding to treat, and presenting major management problems, the drug misuser elicited substantially more negative attitudes. Despite the negative views held about alcohol misusers, most doctors (61%) still recognized the appropriateness of the primary care setting and their own role in undertaking this work. In comparison, only 6% could see the appropriateness of the primary care setting for work with drug users, and even fewer could see GP advice being effective with these patients. Consequently, while the provision of training and support might realistically be expected to encourage GPs to work with alcohol patients, such provision would be unlikely to make any substantial difference to their work with drug misusers.

Great reliance has been placed by policy makers and planners[3,6,24-30] on the presumed willingness of the broad mass of GPs to become actively involved in both individual and public health responses to alcohol and drug misusers. Furthermore, specific proposals for the development of 'shared care' methods[30] and debate about possible payments (outside payment for general medical services provided by GPs) presume the existence of a large number of GPs who only need some small additional support or some small new incentive. Our findings indicate that there are some cautious grounds for optimism in the alcohol field but, with regard to individual and public health interventions for drug misusers, we find a GP workforce who are only minimally involved with this group, do not wish to be involved with this work, do not consider it appropriate for the primary care setting, and would not be greatly influenced in these matters by the provision of additional training, support, or incentives.

The *Health of the Nation* targets are not being met, and GPs do not appear to be detecting the numbers of the patients at whom these targets are aimed. Emphasis has been placed on the role of primary care, but the real achievements that can be made require detection of the less severe drinkers and injecting drug misusers. Our data indicate an unwilling and unconfident profession when it comes to working with drug misusers, while alcohol misusers are seen as a patient group with whom it may indeed by feasible to work. The provision of support and basic training would appear to be major factors in how GPs perceive the alcohol-misusing client group. However, these data also point to a real and urgent need to examine how the GP views the drug misuser and, importantly, what can be done in real terms to encourage their work with these patients.

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